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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 24001/39443	
		Inventors William W. Morris	
		Title RADIOGRAPHIC DEVICE HAVING AN ADJUSTABLE HEAD	
		Express Mail Label No. EV233430887US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing) See 37 CFR 1.27.</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 10] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		ACCOMPANYING APPLICATIONS PARTS	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner _____ Group / Art Unit: _____		11. <input type="checkbox"/> English Translation Document (if applicable)	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
19. CORRESPONDENCE ADDRESS		13. <input type="checkbox"/> Preliminary Amendment	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
04743		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
or <input checked="" type="checkbox"/> Correspondence address below		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Name MARSHALL, GERSTEIN & BORUN Brent E. Matthias		17. <input type="checkbox"/> Other: _____	
Address 233 S. Wacker Drive, Suite 6300 Sears Tower			
City Chicago State IL Zip Code 60606-6357			
Country US Telephone (312) 474-6300 Fax (312) 474-0448			
Name (Print/Type) Brent E. Matthias Registration No. (Attorney/Agent) 41,974			
Signature <i>Brent E. Matthias</i> Date July 30, 2003			
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV233430887US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.			
Dated: July 30 2003 Signature: <i>Richard Zimmermann</i> (Richard Zimmermann)			

14230 U.S. PTO
07/30/03

PTO/SB/17 (01-03)
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FEE TRANSMITTAL for FY 2003				Compl te if Known	
<i>Patent fees are subject to annual revision.</i>				Application Number	Not Yet Assigned
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Herewith (July 30, 2003)
TOTAL AMOUNT OF PAYMENT (\$) 375.00				Inventor	William W. Morris
				Examiner Name	Not Yet Assigned
				Group Art Unit	Not Yet Assigned
				Attorney Docket No.	24001/39443

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	3. ADDITIONAL FEES			
<input type="checkbox"/> Deposit Account							
Deposit Account Number: 13-2855							
Deposit Account Name: MARSHALL, GERSTEIN & BORUN							
The Commissioner is hereby authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	2001 375 Utility filing fee	375.00
		1002	330	2002 165 Design filing fee	
		1003	520	2003 260 Plant filing fee	
		1004	750	2004 375 Reissue filing fee	
		1005	160	2005 80 Provisional filing fee	
SUBTOTAL (1) (\$)					375.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
<div style="display: flex; justify-content: space-between;"> <div> Total Claims: 9 Independent Claims: 2 Multiple Dependent: </div> <div> Extra Claims: 0 Fee from below: 0 </div> <div> Fee Paid: 0.00 0.00 </div> </div>					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	2202 9 Claims in excess of 20	
		1201	84	2201 42 Independent claims in excess of 3	
		1203	280	2203 140 Multiple dependent claim, if not paid	
		1204	84	2204 42 ** Reissue independent claims over original patent	
		1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					0.00
**or number previously paid, if greater; For Reissues, see above					

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Brent E. Matthias	Registration No. (Attorney/Agent)	41,974	Telephone	(312) 474-9579
Signature				Date	July 30, 2003

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Dated: July 30, 2003	Signature: (Richard Zimmermann)